

Registrar's No. 126

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5147</u>		Registrar's No. <u>126</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Rombauer Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 Year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Rombauer Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Rombauer Township</u>				d. STREET ADDRESS (If rural, give location) <u>St. Francis Rombauer Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sanford</u> b. (Middle) <u>Todd</u> c. (Last) <u>Boyd</u>				4. DATE OF DEATH (Month) <u>Mar.</u> (Day) <u>28</u> (Year) <u>1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2 years old</u>		8. DATE OF BIRTH <u>Feb 17, 1947</u>	
9. AGE (In years last birthday) <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>Blythe, Calif.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Cecil Boyd</u>				13b. MOTHER'S MAIDEN NAME <u>Ada Mae Overton</u>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Boyd Rombauer Township</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>measles</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6851</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 20, 1949</u> , to <u>Mar 28, 1949</u> , that I last saw the deceased alive on <u>Mar 28, 1949</u> , and that death occurred at <u>9:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. B. Killip J.D.</u>				23b. ADDRESS <u>Frost Mo.</u>		23c. DATE SIGNED <u>Mar 31, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/30/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rombauer</u>		24d. LOCATION (City, town, or county) (State) <u>Rombauer Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/7/49</u>		REGISTRAR'S SIGNATURE <u>A. H. Metcalf</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Costrell Poplar Bluff</u>			

(Licensed Embalmer's Statement on Reverse Side)

**WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD**

APR 8 REC'D

BUTLER COUNTY HEALTH CENTER

44 9-5p

4-8-49

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4620

P. O. Address Coplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.